

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <p style="text-align: center;">Brian P. McGrath</p>						
STREET ADDRESS <p style="text-align: center;">4008 Commodore Dr.</p>						
CITY <p style="text-align: center;">Erie</p>			STATE <p style="text-align: center;">PA</p>		ZIP CODE <p style="text-align: center;">16505</p>	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <p style="text-align: center;">Millcreek Township Supervisor</p>	DISTRICT NO.	PARTY <p style="text-align: center;">Dem.</p>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.			11	08	2011
2ND FRIDAY PRE-PRIMARY	2.					
30 DAY POST-PRIMARY	3.					
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	7. <input checked="" type="checkbox"/>					

DATE OF REPORTING PERIOD: MO. DAY YEAR TO MO. DAY YEAR
01 01 2017 TO 12 31 2017

CASH BALANCE AT END OF REPORTING PERIOD: \$ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

2018 JAN 16 PM 1:47
ERIE COUNTY
VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I (SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

<p>SWORN TO AND SUBSCRIBED BEFORE ME THIS</p> <p><u>16th</u> DAY OF <u>January</u> 20<u>18</u></p> <p><u>Tonia Wilt</u></p> <p>SIGNATURE</p> <p>MY COMMISSION EXPIRES <u>4/3/19</u></p>	<p><u>Brian P. McGrath</u></p> <p>SIGNATURE OF PERSON SUBMITTING REPORT</p> <p>Brian P. McGrath</p> <p>PRINTED NAME</p> <p>814 838-3844</p> <p>AREA CODE DAYTIME TELEPHONE NUMBER</p>
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NOTARY SEAL
Tonia Wilt, Notary Public
City of Erie, Erie County
My Commission Expires April 3, 2019

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I (SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

<p>SWORN TO AND SUBSCRIBED BEFORE ME THIS</p> <p>____ DAY OF _____ 20____</p> <p>____</p> <p>SIGNATURE</p> <p>MY COMMISSION EXPIRES _____</p> <p>MO. DAY YR.</p>	<p>____</p> <p>SIGNATURE OF CANDIDATE</p> <p>____</p> <p>PRINTED NAME</p> <p>____</p> <p>AREA CODE DAYTIME TELEPHONE NUMBER</p>
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